| | | | | Application or Docket Number | | | | | |
|--|----------------------------------|---|------------------|------------------------------|------------------------|-------|---------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOI | | | | | 447430 | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | SMA TYP | LL ENTITY | OR | | R THAN ENTITY | |
| FOR NUMBER FILED NUMBER EXTRA | | RAT | | 7 00 | RATE | FEE | | | |
| BASIC FEE | | | 1 4 4 | 10 m 10 m | · · | OR | | 2 | |
| OTAL CLAIMS minus 20= | | X\$ 9 | | OR | | | | | |
| NDEPENDENT CLAIMS 3 minus 3 = * | | X39 | - | OR | V70 | · | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | +130 | | 1 | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | L | OR | TOTAL | 2/0 | |
| CLAIMS AS AMENDED - PART II | | | | | | _ال | OTHER | THAN | |
| (Column 1) (Column 2) (Column 3) | | | | | L ENTITY | OR | SMALL | | |
| REA | AJNING FTER NDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total | Minus | - 20 | 2 | X\$ 9: | = | OR | X\$18= | | |
| FIRST PRESENTATION | ON OF MILITIPLE DE | PENDENT CLAIM | = / | X39= | | OR | X78= | 86.00 | |
| A STATE OF THE STA | | | +130= | | OR | +260= | | | |
| (Column 1) (Column 2) (Column 3) | | | | ADDIT, FE | | OR | TOTAL ADDIT. FEE | 86.4 | |
| REM AJ | AIMS IAINING TER IDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total | Minus | - 20 | - | X\$ 9= | | OR | X\$18= | | |
| Independent + FIRST PRESENTATION | Minus N OF MULTIPLE DE | PENDENT CLAIM | - | X39= | | OR | X78= | · | |
| | | | | +130= | | OR | +260= | | |
| | | 12-9-04 | / | TOTA ADDIT. FE | | OR , | TOTAL ODIT. FEE | | |
| | mn 1) | (Column 2) | (Column 3) | | | | | | |
| DEM/ | AIMS VINING TER DMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL | |
| Total + 2 | 8 Minus | 20 | = Q | X\$ 9= | | | \$,\(\mathcal{O}\) X\$18= | FEE | |
| Total # 2 Independent # | Minus Minus | *** 4 | = | X39= | | OR | X78= | 400,00 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | 703= | | OR | ^/0= | | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." | | | | +130= TOTAL | | OR . | +260= TOTAL | 400.42 | |
| "If the "Highest Number Previ The "Highest Number Previ | riously Paid For IN THIS | SPACE is less than | 3 enter *3 * | ADDIT. FEE ound in the ap | | A | JUII. FEE | 100.00 | |
| M PTO-875 | | | | | | | | | |